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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

PROCESSED

Washington, D.C. 20549

FORM D AUG 2 8 2006 NOTICE OF SALE OF SECURITIES THOMSON PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

### OMB APPROVAL

**OMB Number:** 

Expires:

3235-0076

April 30, 2008

Estimated average burden

hours per response

1.00

SEC USE ONLY

Prefix

Serial



Name of Offering ([] check if this is an amendment and name has changed, and indicat Common Stock	e change.)
Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [X ] Rule 506 [ ] Sec Type of Filing: [ ] New Filing [ X] Amendment	ction 4(6) [] ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer SRKP 7, Inc. ([ ] check if this is an amendment and name has changed, and indicat	e change.)
Address of Executive Offices (Number and Street, City, State, Zip Code) 248 Rt. 25A #2, East Setauket, NY 11733	Telephone Number (Including Area Code) 631-751-2882
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business Cancer therapeutic and diagnostic company	
Type of Business Organization [X] corporation [] limited partnership, already formed [] business trust [] limited partnership, to be formed	[ ] other (please specify):
Actual or Estimated Date of Incorporation or Organization:    Month Year	bbreviation for State:

## **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer, and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

			orporate general and man	aging partners of	partne	ship issuers; and			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[]	General and/or Managing Partner			
Full Name (Last name first, if	individual)								
Philip F. Palmedo									
Business or Residence Addres	ss (Number an	d Street, City, State, Zip	Code)						
248 Rt. 25A #2, East Setauket	t, NY 11733								
Check Box(es) that Apply:	[]Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Director	[]	General and/or Managing Partner			
Full Name (Last name first, if	`individual)								
John S. Kovach									
Business or Residence Address	ss (Number an	d Street, City, State, Zip	Code)						
248 Rt. 25A #2, East Setauket	, NY 11 <b>7</b> 33	· ·							
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner			
Full Name (Last name first, if	individual)								
Business or Residence Addres	ss (Number an	d Street, City, State, Zip	Code)						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner			
Full Name (Last name first, if	individual)								
Business or Residence Address	ss (Number an	d Street, City, State, Zip	Code)						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner			
Full Name (Last name first, if	individual)								
Business or Residence Addres	ss (Number an	d Street, City, State, Zip	Code)						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner			
Full Name (Last name first, if	individual)								
Full Name (Last name first, if individual)  Philip F. Palmedo  Business or Residence Address (Number and Street, City, State, Zip Code)  248 Rt. 25A #2, East Setanuket, NY 11733  Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner  Full Name (Last name first, if individual)  John S. Kovach  Business or Residence Address (Number and Street, City, State, Zip Code)  248 Rt. 25A #2, East Setanuket, NY 11733  Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner  Full Name (Last name first, if individual)									
	(Use blank	sheet, or copy and use ac	lditional copies of this sh	eet, as necessary.)	)				

				B. IN	NFORMA	TION AF	OUT OF	FERING				
1. Has the	issuer sold	or does the	issuer inter	nd to sell to	o non-accre	dited invest	ors in this o	ffering?				Yes No
	155401 5014,	01 4005 1110	issuer mile					g under UL		•••••		] [24]
2. What is	the minim	ım investm	ent that will				-	•				\$N/A
2. What is	the minimum	iiii iii • Court	one that win	be accepte	a nom any	marviduar.			***************************************	••••••	••••••	Yes No
		-	-	_								[X]
is an broke	associated:	person or a If more th	gent of a br an five (5)	oker or dea persons to l	der register	ed with the	SEC and/or	directly or ties in the of with a state such a brok	or states. I	ist the nam	e of the	
Full Name (	(Last name	first, if indi	vidual)									
	Residence ae of the Sta					Code)		-				
Name of As Westpark C	ssociated Br apital, Inc.	oker or De	aler									
	hich Person "All States"											[ ] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [ <b>IA</b> ] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[ <b>DC</b> ] [ <b>MA</b> ] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [ <b>MS</b> ] [OR] [WY]	[ID] [MO] [ <b>PA]</b> [PR]
Full Name (	(Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of As	ssociated Br	oker or De	aler			· · · · · · · · · · · · · · · · · · ·						
	hich Person "All States"											[ ] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of As	ssociated Br	oker or De	aler							_		
	hich Person "All States"											[ ] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

[TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt..... \$\_\_\_1,500,000 Equity..... 1,183,889 [X] Common [] Preferred Convertible Securities (including warrants)..... Partnership Interests. )..... Total ..... \$ 1,500,000 1.183,889 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their Aggregate purchases on the total lines. Enter "0" if answer is "none" or "zero." Dollar Amount Number Investors of Purchases 57 1,183,889 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities of this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A ..... Rule 504..... Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... [] Legal Fees [X] 5,000 Accounting Fees [] Engineering Fees [] Sales Commissions (specify finders' fees separately)..... [] Other Expenses (identify) Placement Fee of 14%\*.... [X]165,744 Total ...... [X]170,744

\* Plus warrants to purchase 10% of the shares sold in the offering and incentive warrants to purchase an additional

2% of the shares sold in the offering.

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<ol> <li>b. Enter the difference between the aggregate of Part C - Question 1 and total expenses furnished</li> <li>a. This difference is the "adjusted gross process"</li> </ol>	in response to Part C - Question				s1,013,145
5. Indicate below the amount of the adjusted groproposed to be used for each of the purposes purpose is not known, furnish an estimate and estimate. The total of payments listed must equation the issuer set forth in response to Part C - Question	shown. If the amount for any check the box to the left of the				
			Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees		[]	\$	[]	S
Purchase of real estate		[]	\$	[]	\$
Purchase, rental or leasing and installation of	machinery and equipment	[]	S	[]	\$
Construction or leasing of plant buildings and	d facilities	[]	<b>S</b>	[]	S
Acquisition of other business (including the in this offering that may be used in exchange of another issuer pursuant to a merger)	for the assets or securities	[]	\$	[]	s
Repayment of indebtedness	***************************************	[]	S	[]	\$
Working capital	***************************************	[]	\$	[X]	s 1,013,145
Other(specify):		[]	\$	[]	\$
		[]	\$	[]	\$
Column Totals	***************************************	[]	S	[]	\$
Total Payments Listed (column totals added)				[X]	s 1,013,145
	D. FEDERAL SIGNATU	JRE .			
The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accredite	y the undersigned duly authorize furnish to the U.S. Securities and d investor pursuant to paragraph	d persor d Excha (b)(2) of	n. If this notice is file nge Commission, upor Rule 502.	d under n written	Rule 505, the following a request of its staff, the
Issuer (Print or Type) Sig	nature /	2	Date	_ /.	,
SRKP 7, Inc.	/obestweel	u	8/1	2/6	5
Name of Signer (Print or Type) Titl	e of Signer (Print or Type)			<del></del>	
John S. Kovach Pre	sident and CFO				

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

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1.	Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes [ ]	No [X]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
SRKP 7, Inc.	Millach	8/12/06
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
John S. Kovach	President and CFO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	2		3		4			D:	5 lification ate ULOE
	to non-a	to sell ccredited s in State -Item 1)	Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK		X	Common Stock	1	\$25,000	0	-		X
AZ									
AR				•					
CA		X	Common Stock	8	\$333,290	0	-		X
СО		X	Common Stock	1	\$20,000	0	<u>-</u>		X
CT		X	Common Stock	2	\$20,500	0	-		X
DE									
DC		X	Common Stock	4	\$45,900	0	-		X
FL		X	Common Stock	4	\$65,000	0	-		X
GA		X	Common Stock	2	\$35,000	0	-		X
ΙΗ									
ID									
ΙL		X	Common Stock	2	\$40,000	0	-		X
IN		X	Common Stock	1	\$12,000	0	<b>-</b>		X
IA		X	Common Stock	1	\$15,000	0	-		X
KS									
KY									
LA									
ME									
MD									
MA		X	Common Stock	1	\$5,000	0	•		X
MI		X	Common Stock	1	\$25,000	0	<u>-</u>		X
MN								-	
MS		X	Common Stock	1	\$25,000	0	-		X
МО									

, ,

				APPEN	NDIX				
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of Security to sell and aggregate Type of investor and amount purchased in State offered in state (Part C-Item 2)					under St (if ye explai waiver	diffication tate ULOE s, attach nation of granted) E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE						-			
NV									
NH									
NJ		X	Common Stock	7	\$145,000	0			X
NM									
NY		X	Common Stock	9	\$172,199	0	-		X
NC									
ND									
ОН		X	Common Stock	2	\$40,000	0	-		X
OK		X	Common Stock	1	\$20,000	0	<b>-</b>		X
OR									
PA		X	Common Stock	1	\$15,000	0	-		X
RI									
SC									
SD									
TN									
TX		X	Common Stock	5	\$70,000	0	-		X
UT		X	Common Stock	3	\$55,000	0	-		X
VT									
VA									
WA									
WV									
WI									
WY									
PR									